

Receirt IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assignor

: Carlo CANTERI

Assignee

: URETEK S.R.L.

Serial No.

: 10/534,501

Filed

: May 10, 2005

For

: METHOD FOR REPAIRING, WATERPROOFING, INSULATING...

Group No.

: Still unknown

Examiner

: Still unknown

Commissioner for Patents

P.O. BOX 1450

ALEXANDRIA VA 22313-1450

U.S.A.

REQUEST FOR CORRECTED FILING RECEIPT

Dear Sirs,

This is to request issuance of a Corrected Filing Receipt according to the amendment highlighted in the enclosed copy.

Copy of 3rd.page of Declaration/Power of Attorney is also enclosed as evidence.

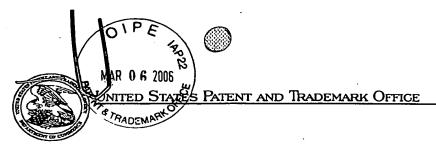
Thanking you in advance, we remain,

Respectfully submitted

(Reg. No. 22,917)

Milan, Italy

Februrary 10, 2006





UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS u Sozinia 22313-1450

	APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
•	10/534,501	05/10/2005	3673	875	40111/GM/lp	4	35	1

CONFIRMATION NO. 5035

FILING RECEIPT *OC000000017105658*

Date Mailed: 09/29/2005

Via Meravigli, 16 Milano, 20123 **ITALY**

Modiano & Associati

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Carlo Canteri, Bosco Chiesanuova, ITALY;

Power of Attorney:

Guido Modiano--19928 Albert Josif--22917 Steven Saunders 36265

Daniel J. 0'Byrne -- 36625

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/EP03/08790 08/07/2003

Foreign Applications

ITALY MI2002A001995 09/19/2002

Projected Publication Date: 01/05/2006

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

COPY

POWER OF ATTORNEY

As a framed inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and Registration number)

Guido MODIANO (Reg. No. 19,928) Albert JOSIF (Reg. No. 22,917) Daniel J. O'BYRNE (Reg. No. 36,625)

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

MODIANO & ASSOCIATI Via Meravigli, 16 20123 MILANO – ITALY EUROPE

MODIANO & ASSOCIATI (+39) (02) 85.90.77.77

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of any patent issued thereon.

SIGNATURE(S)

Full name of sole or first in	ventor: Carlo CANTERI						
Inventor's signature:	Och Couten						
Date: March 1st, 2005 Country of Citizenship: ITALY							
Residence: BOSCO CHIESANUOVA - ITALY							
Post Office Address: Via Dosso del Duca, 18							
37	021 BOSCO CHIESANUOVA - ITALY						
Full name of second or join	t inventor, if any:						
Inventor's signature:							
Date :	Country of Citizenship:						
Residence:							
Post Office Address:							
Full name of third or joint i	nventor, if any:						
Inventor's signature:							
Date :	Country of Citizenship:						
Residence:							
Post Office Address:							